

**STATE OF MISSOURI**  
**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**  
**CONTRACT AMENDMENT/REQUEST #**

Grantee Name \_\_\_\_\_ Project Number \_\_\_\_\_

Street or Box Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Request \_\_\_\_\_ Contract Award Date \_\_\_\_\_

NOTE: IN THE FOLLOWING, ENTER EACH CDBG LINE ITEM, WHETHER CHANGED OR NOT. ENTER ONLY CDBG LINE ITEMS.

No.	ACTIVITY Title	Existing Budget	Revised Budget Request	Amount Increase/ Decrease	% Change
Totals					

Explanation of Request:

This amendment shall be effective on \_\_\_\_\_, 20\_\_\_\_. All other terms and conditions of the contract, or any amendments thereto, shall remain unchanged. IN WITNESS WHEREOF, the parties hereto execute this agreement.

\_\_\_\_\_  
City/County Name

\_\_\_\_\_  
COMMUNITY DEVELOPMENT

\_\_\_\_\_  
**Typed** Authorized Signature

Sallie Hemenway, Director

\_\_\_\_\_  
Authorized Signature

Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**INSTRUCTIONS: SUBMIT THREE (3) ORIGINALLY-SIGNED COPIES TO DED**

Revised 07/28/04